

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

07 MAY 30 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000011304

1. Limited Liability Company's Name

International Hair Cosmetics, LLC.

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #

4692 NW 74 Ave.

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33166

Country

USA

3. Mailing Office Address

4692 NW 74 Ave.

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33166

Country

USA

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

5-09-2002

6. FEI Number

03-0442841

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

8. Name and Address of Current Registered Agent

Name

Leonardo Londoño

Street Address (P.O. Box Number is Not Acceptable)

4692 NW 74 Ave.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33166

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

[Signature]

Date *5-19-07*

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	<i>Fernando M Zarate</i>	<i>CARRERA 42 B # 31A60 # 202</i>	<i>Medellin - Colombia</i>
MGRM	<i>Natalia BERRIOS</i>	<i>3103 Hillview Way # 202</i>	<i>Oklahoma FL USA (72825)</i>

REINSTATEMENT

0307

400103932014

06/05/07--01046--029 **255.00

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

Natalia Berrios

Date *5-19-07*

Daytime Phone # *(407) 616-2343*

Typed or printed name of signing Managing Member/Manager

Natalia Berrios